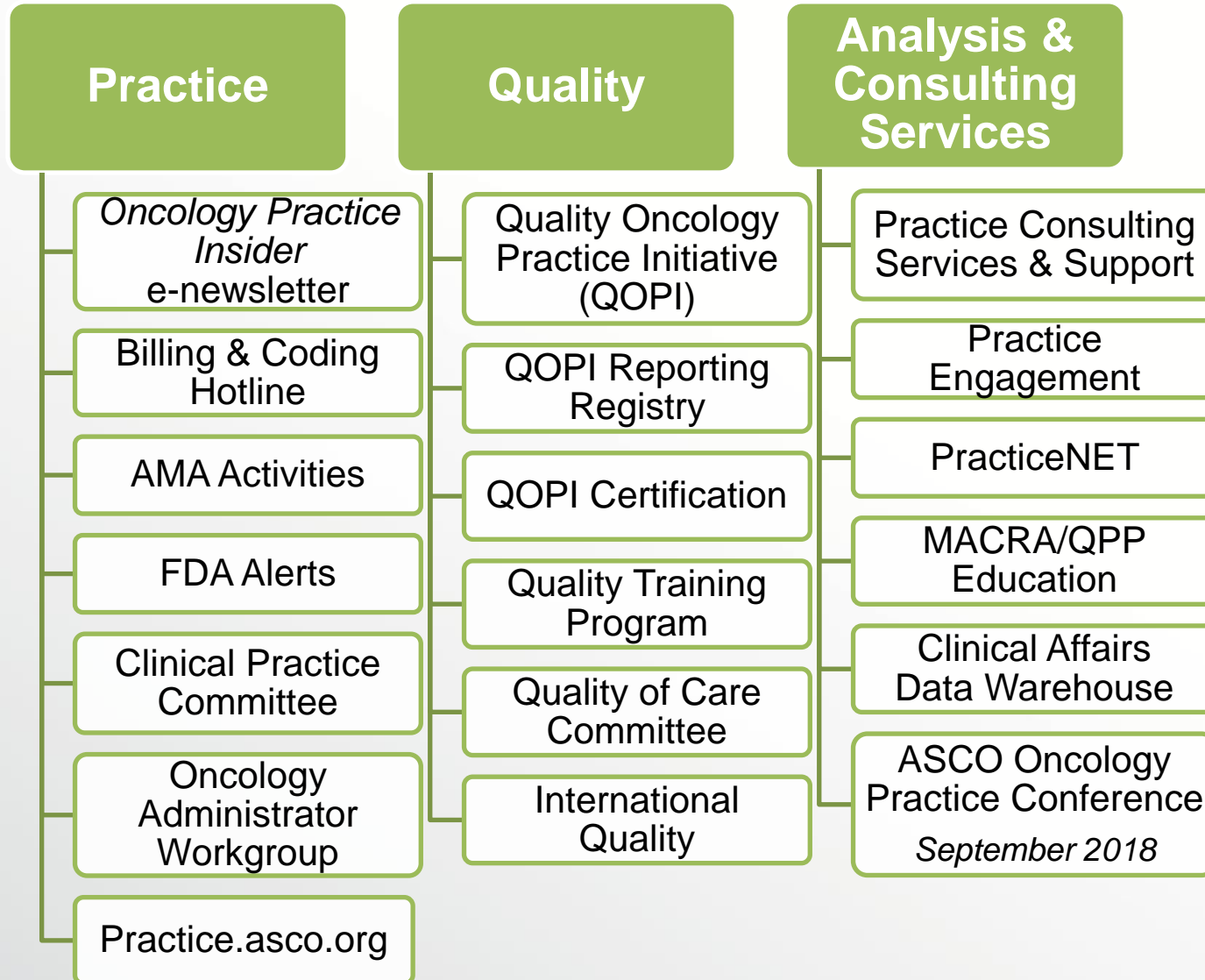


Practice Staffing Benchmarks

OHOS/KAMO Meeting
May 10, 2018

ASCO® Clinical Affairs



Goals for today

- What is benchmarking?
- Why is it important?
- Benefits and limitations of staffing benchmarks
- Look at some data
- Staffing best practices
- A little about Clinical Affairs

- Lots of time for discussion

Benchmarking



- **Benchmarks**
 - Points of reference or comparison, which may include standards, best practices, indicators, metrics
 - A tool/process to compare your practice/program with regional or national standards and/or with itself, and to evaluate performance over time

- **Benchmarking**
 - Measuring your performance against that of organizations with best practices, determining how these best-in-class achieve these performance levels and using this information as a basis for your own operations improvement strategy

Operations management

- Show how efficiently the practice is functioning
- Show how efficiently the staff is functioning
- Identify areas where performance may lag
- Determine optimal staffing levels and allocations
- Measure individual performance to identify internal best practices

Organizational planning

- Provide an objective basis for planning operations improvement
- Provide data that useful in budgeting process
- Provide data that can be used to create an incentive program
- Provides a process to identify and creatively address operating problems



Internal & external benchmarking

- Internal Benchmarking
 - Monitor internal progress over time
 - Track changes against operational measures
 - Validate that process improvement is having desired effect
- External Benchmarking
 - Compare practice to similar sized benchmarking organizations
 - Measure performance against average performers & against high performers
 - Identify where practice could be more productive or efficient

External benchmarking

- Select data sources that measure similar organizations – specialty, size, population treated, location
- Select data sources with good specificity – especially specialty – and ratios for clinical, operations, business functions
- Ensure that that format, timing, definitions of data are consistent
 - Map or group your staff positions to align with definitions used by benchmark source
 - Compare “apples-to-apples” by using a common nomenclature

Creating Benchmarks

- Benchmarks and gauges are created using objective measurable data elements to describe “something per something”

Work Factor (procedures, revenue, cost)
Capacity Factor (resource such as FTE count, time)

Internal data sources: practice

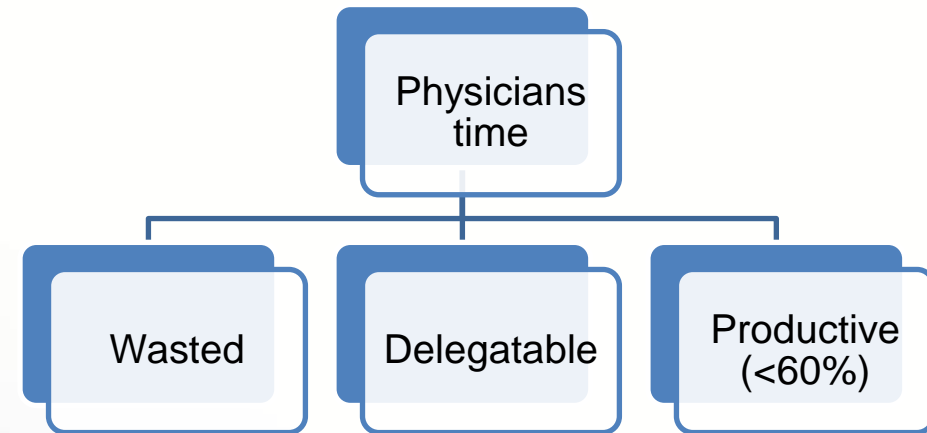
- Procedure Productivity Report
 - From the practice management system
 - Use for virtually all productivity measures
 - CPT codes
 - Units of service
 - Collected revenue
- Financial reports
 - Income, expenses, cost of drugs, etc.
- HR records
 - Full time equivalent (FTE) positions

Internal data sources: hospital

- Procedure Productivity Report(s)
 - From the billing systems – both hospital and practice
 - Use for virtually all volume measures
 - CPT codes
 - Units of service
- Financial reports
 - Income, expenses, cost of drugs, etc.
- HR records
 - Full time equivalent (FTE) positions
- Tumor registry
 - Case counts

Staffing benchmarks

- Staffing ratios define the relationship between your revenue producing employees and the staff needed to support them.
- Why measure staffing ratios?
 - Staffing expense is generally the largest expense for a practice
 - Staffing decisions impact quality of patient care
 - Staffing levels and functional allocation drive operating efficiency



MGMA Healthcare Consulting Group, March 2013

Staffing benchmarks

- Staffing affects

Provider productivity and revenue	Budgeting
Quality of patient care	Patient flow
Billing and collections	Patient satisfaction
Recruitment and retention	Staff satisfaction

- Effective operations management uses staffing ratios as a tool
 - Identify operational issues like process bottlenecks
 - Optimize staff allocations

Staffing benchmarks: benefits & limitations

- Staffing benchmarks can help you define issues, identify solutions and measure your success
- Staffing benchmarks can help you plan your operations and optimize your efficiency
- An important tool in the process of continuous operations improvement
- Limitations
 - Staffing benchmarks will not tell the whole story – provides a red flag – more useful in conjunction with operations analysis.
 - Unique characteristics of oncology practice mean finding meaningful benchmarks is challenging – may affect validity of results.

How many staff?

- There is no hard and fast rule on how many staff you require for your practice because each specialty and situation may require something different. It is important to understand your medical practice staffing needs based on the job functions required to efficiently operate and manage your practice.
 - Understaffing can cause breakdown in operations that could result in errors, reduction in revenue, and patient dissatisfaction.
 - Overstaffing may cause a loss of productivity and an unnecessary financial overhead burden.

Go Practice Blog July 22, 2014

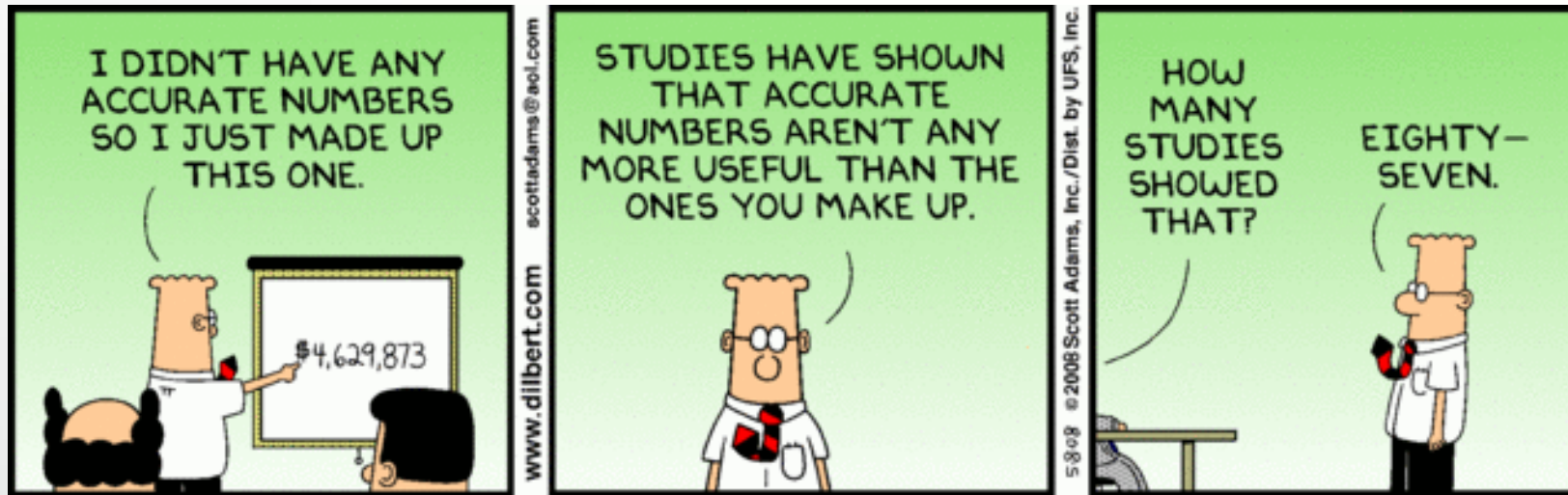
How many staff?

- Contrary to popular logic, medical practices that more on support staff are financially stronger than practices that spend less.
- Why? Physicians with adequate support can spend their days seeing patients -- and ringing up the charges -- instead of doing paperwork and looking for files.

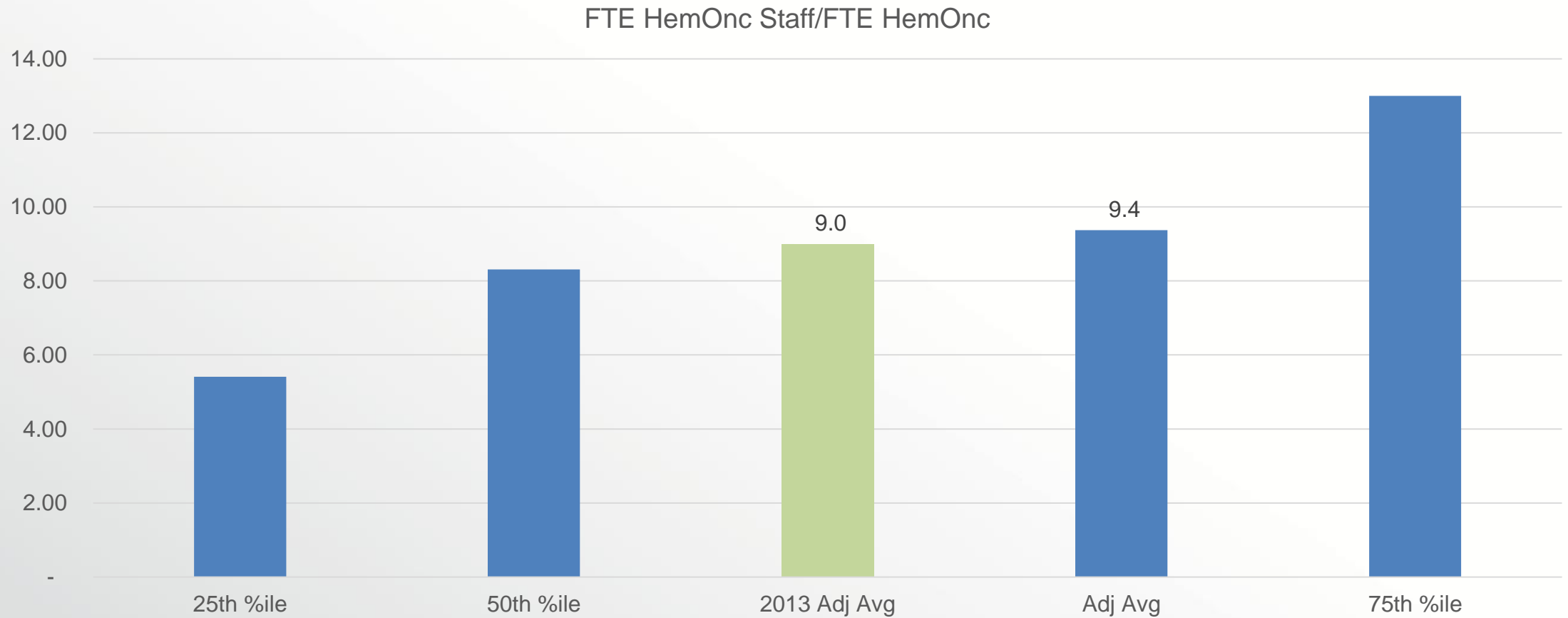


Physicians Practice, April 2012

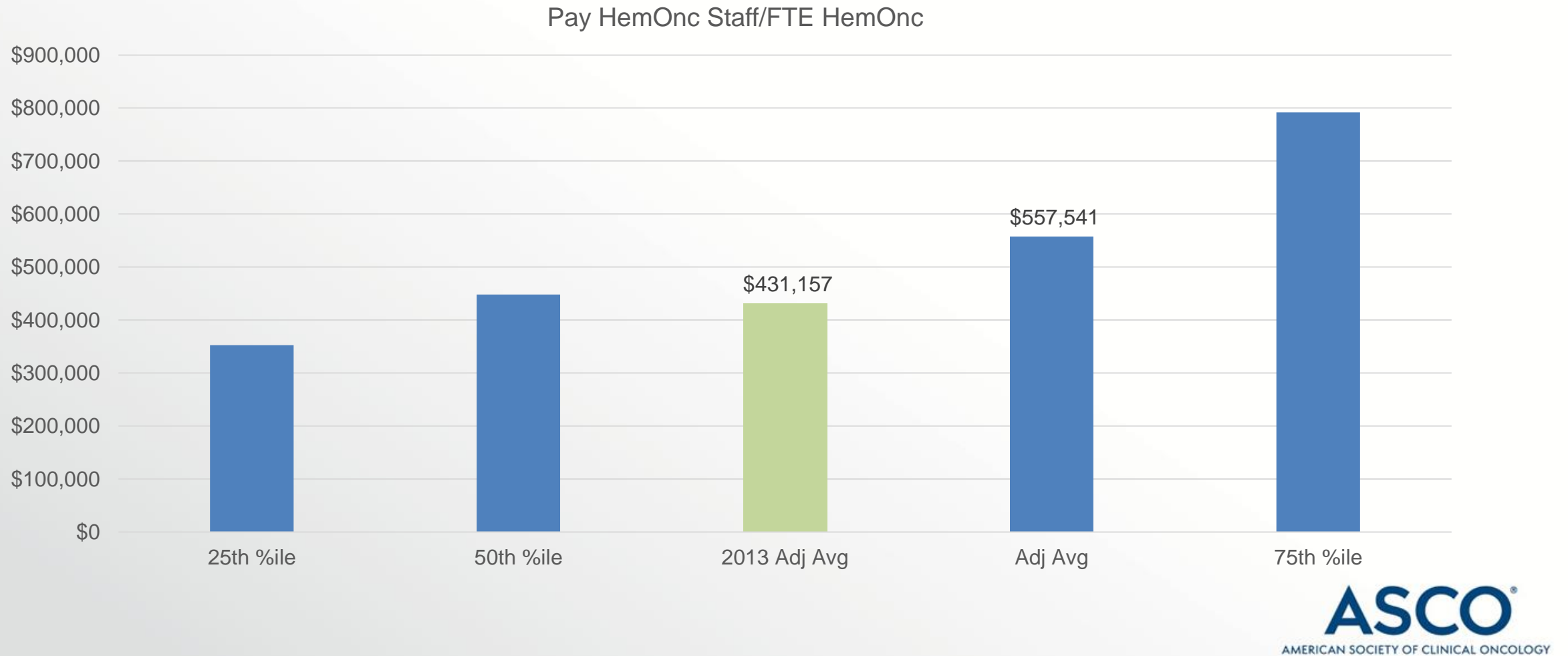
Let's look at some data



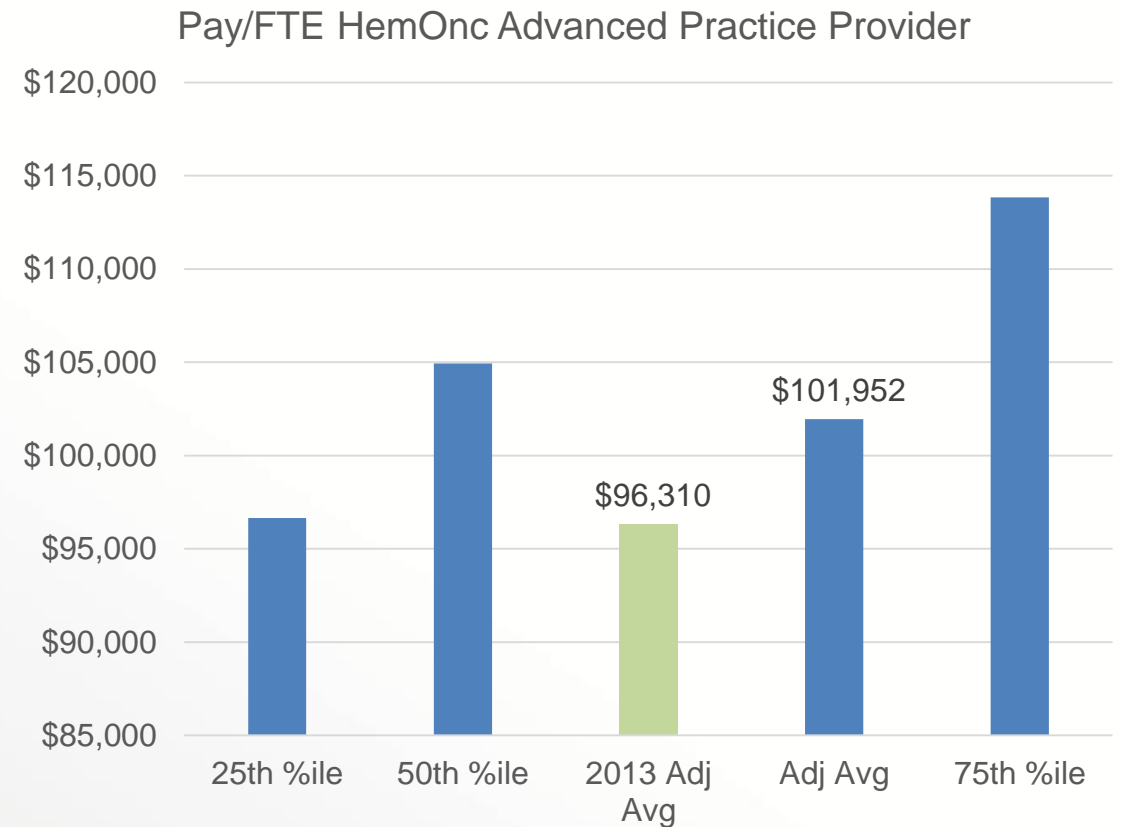
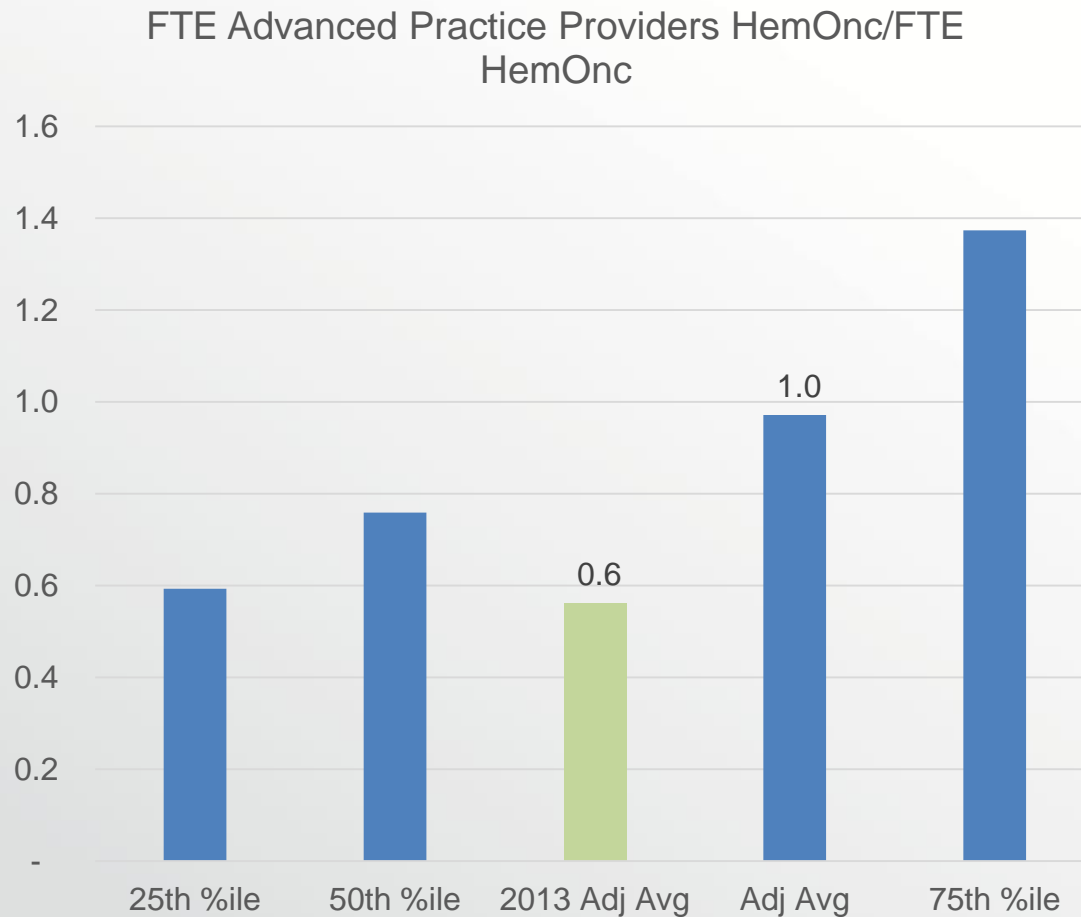
Hematology Oncology staffing



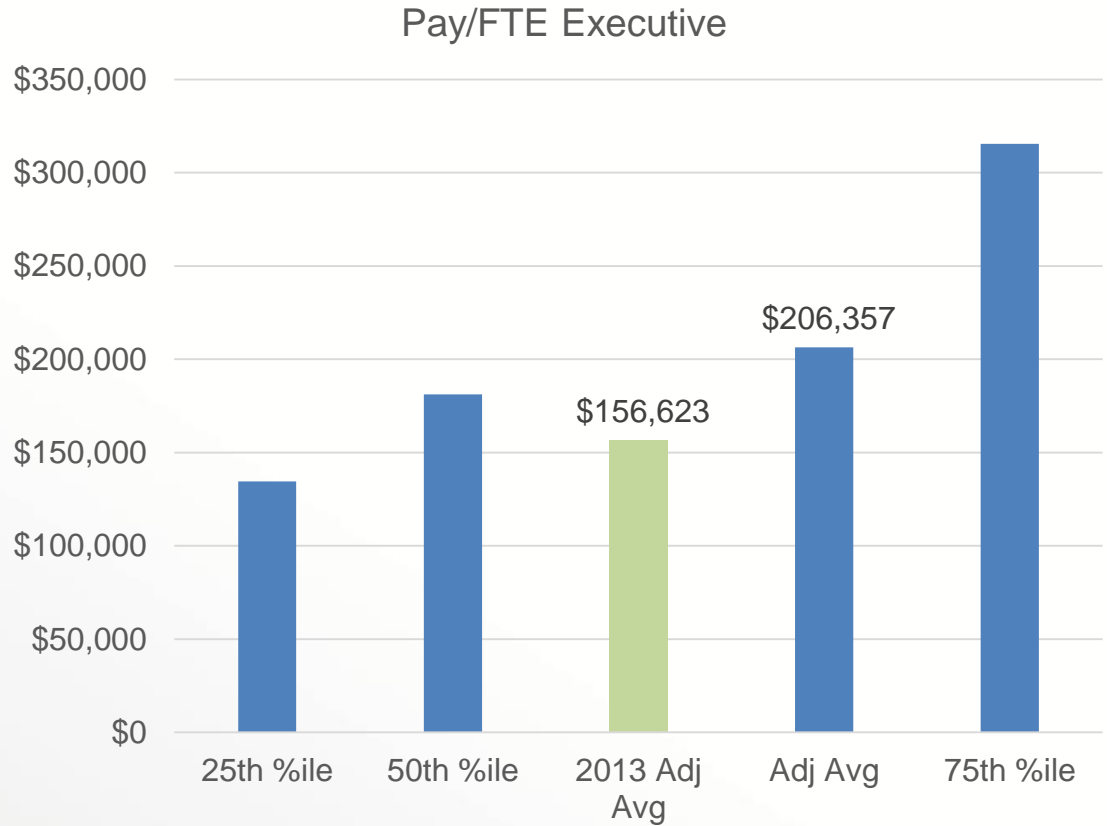
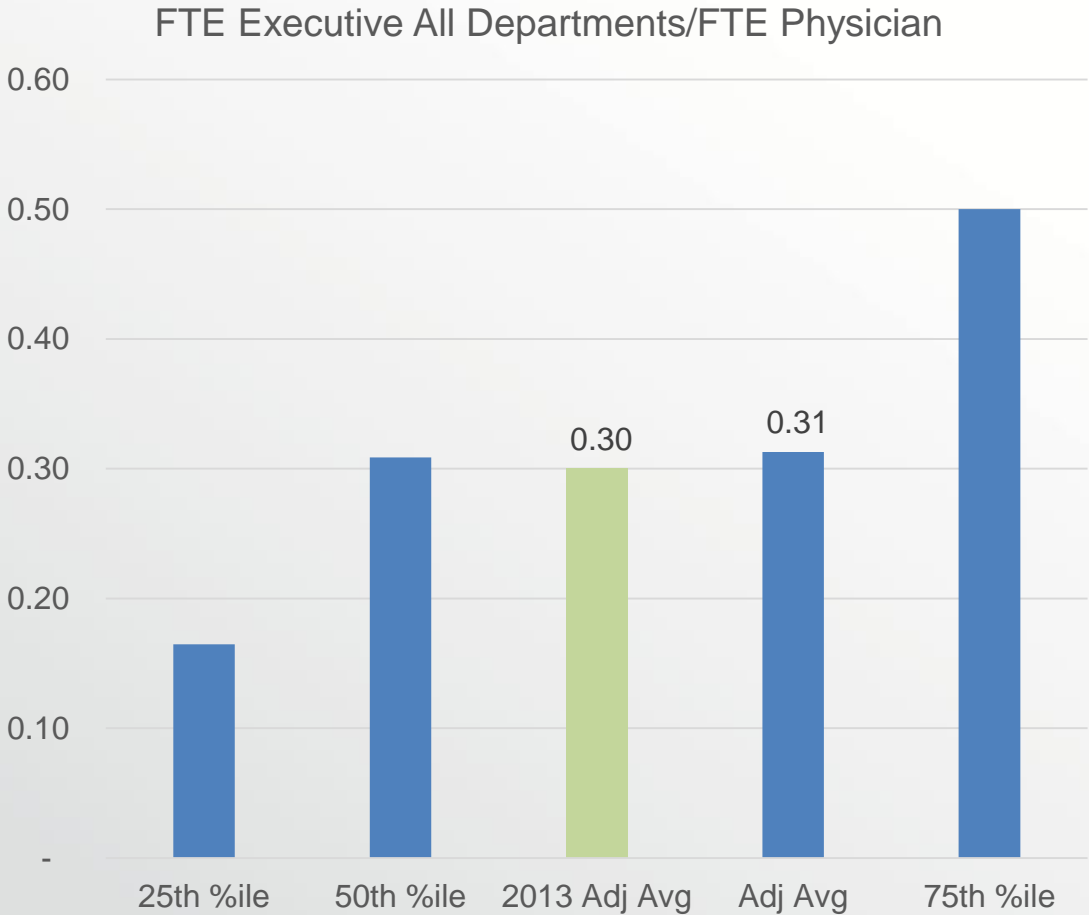
HemOnc staff compensation



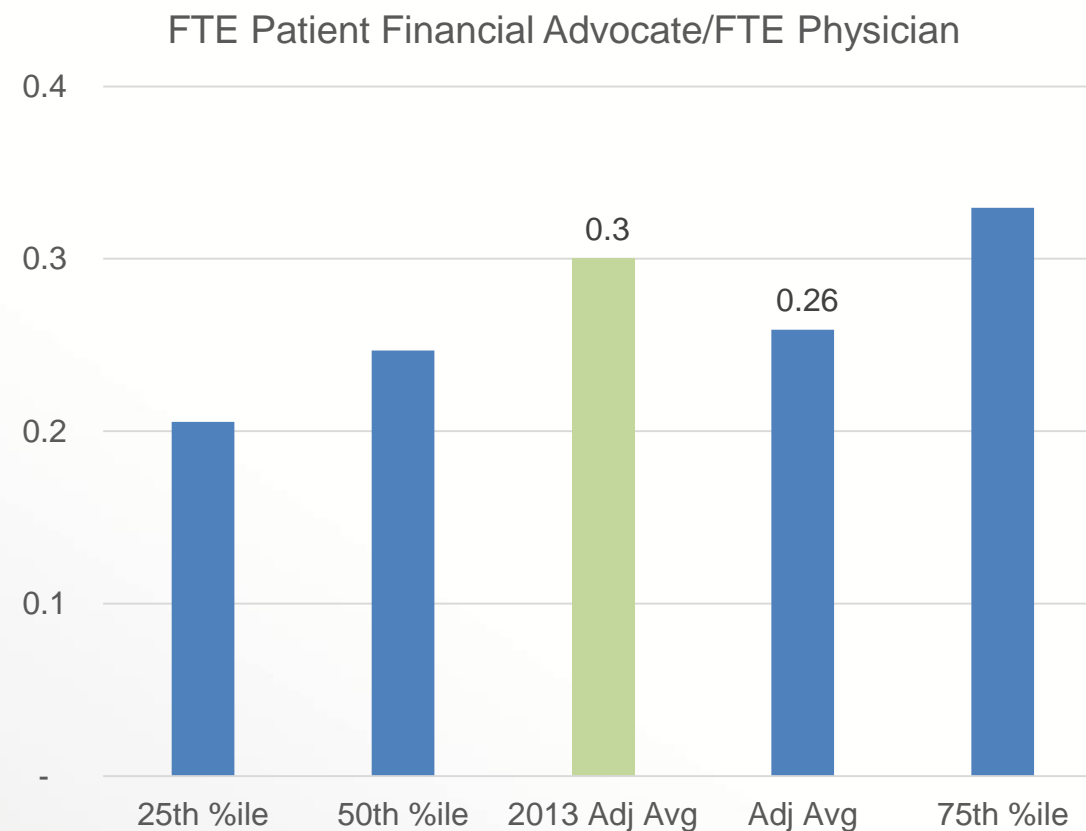
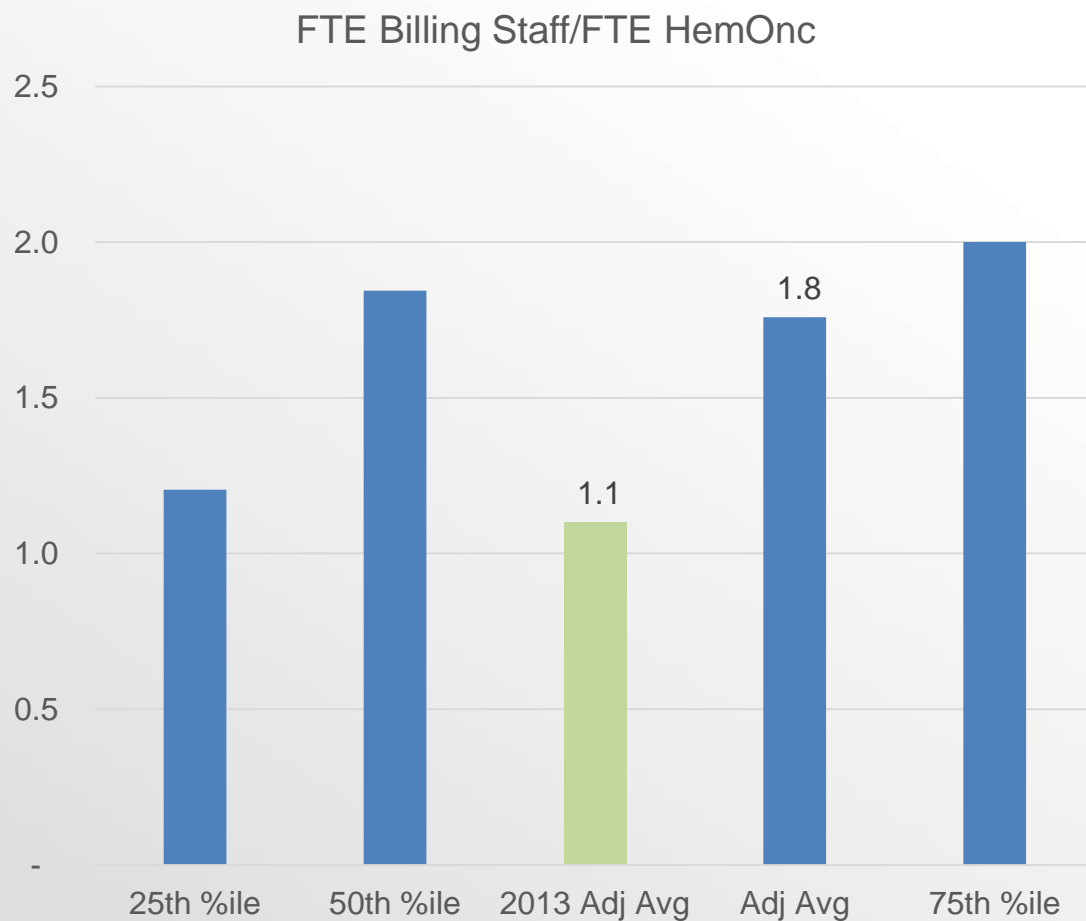
Advanced practice providers



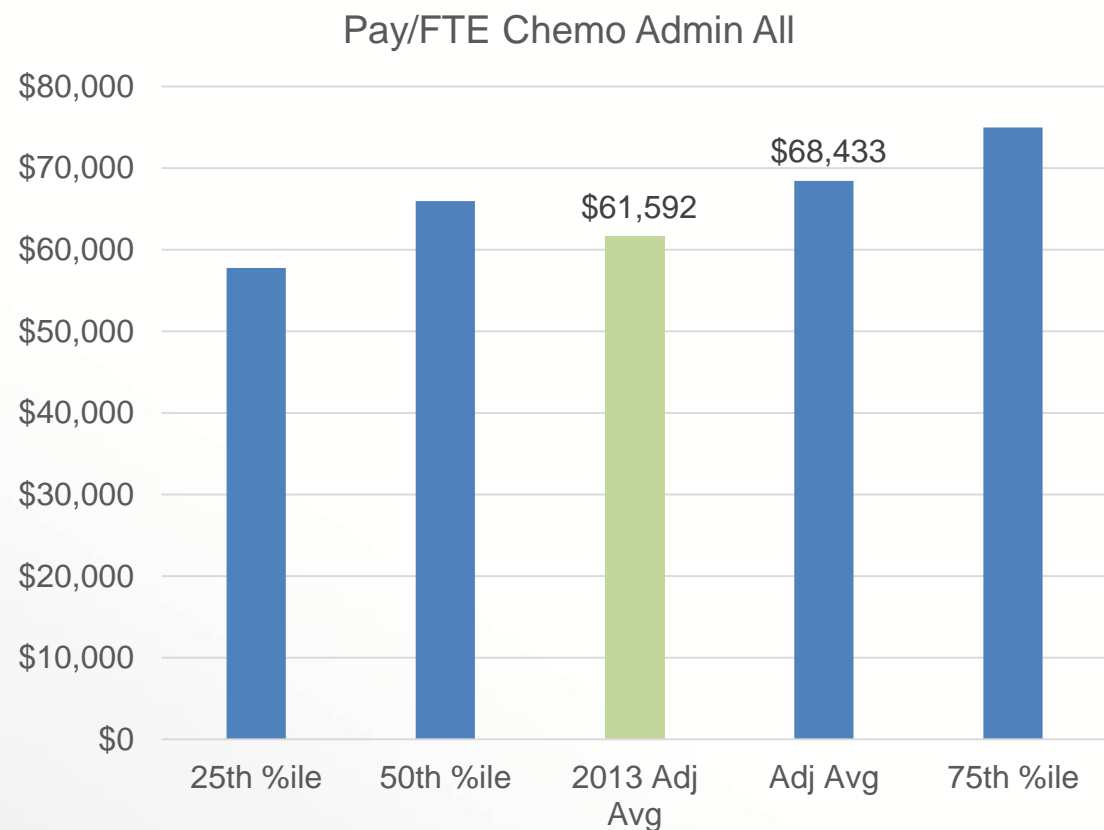
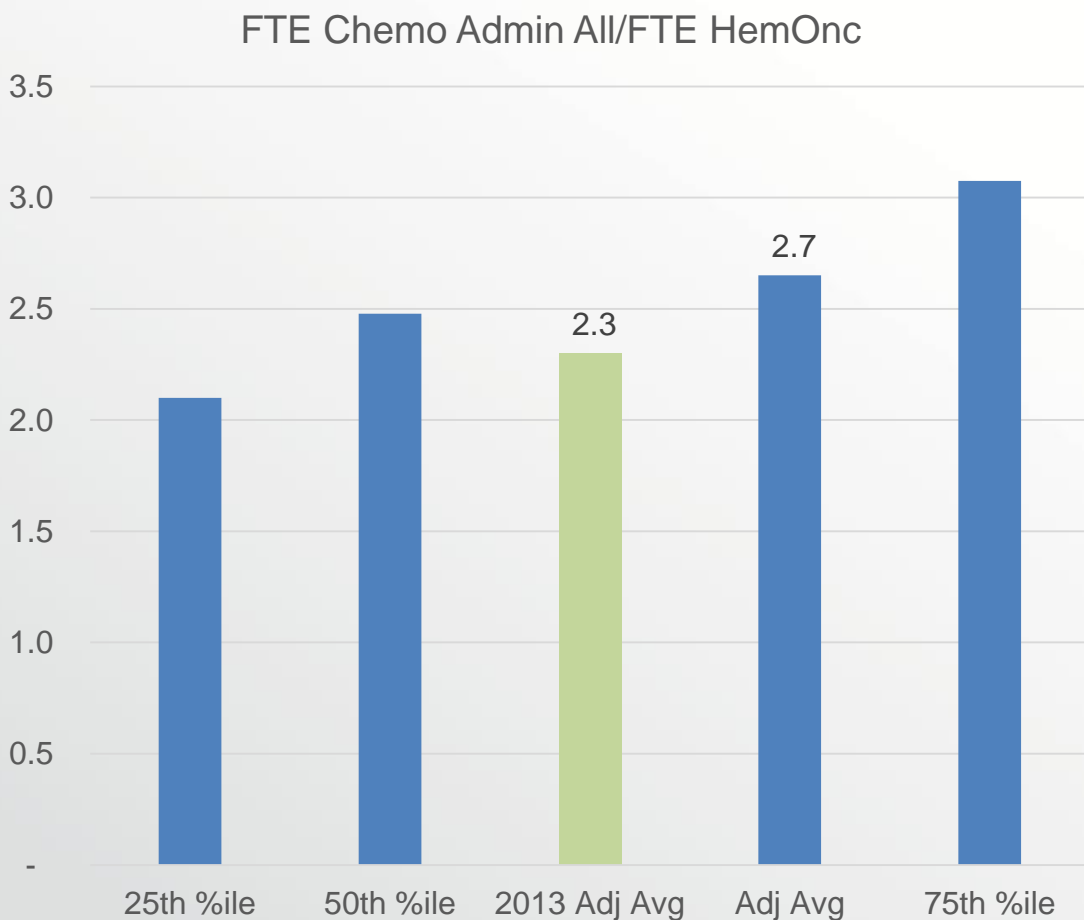
Executive staff



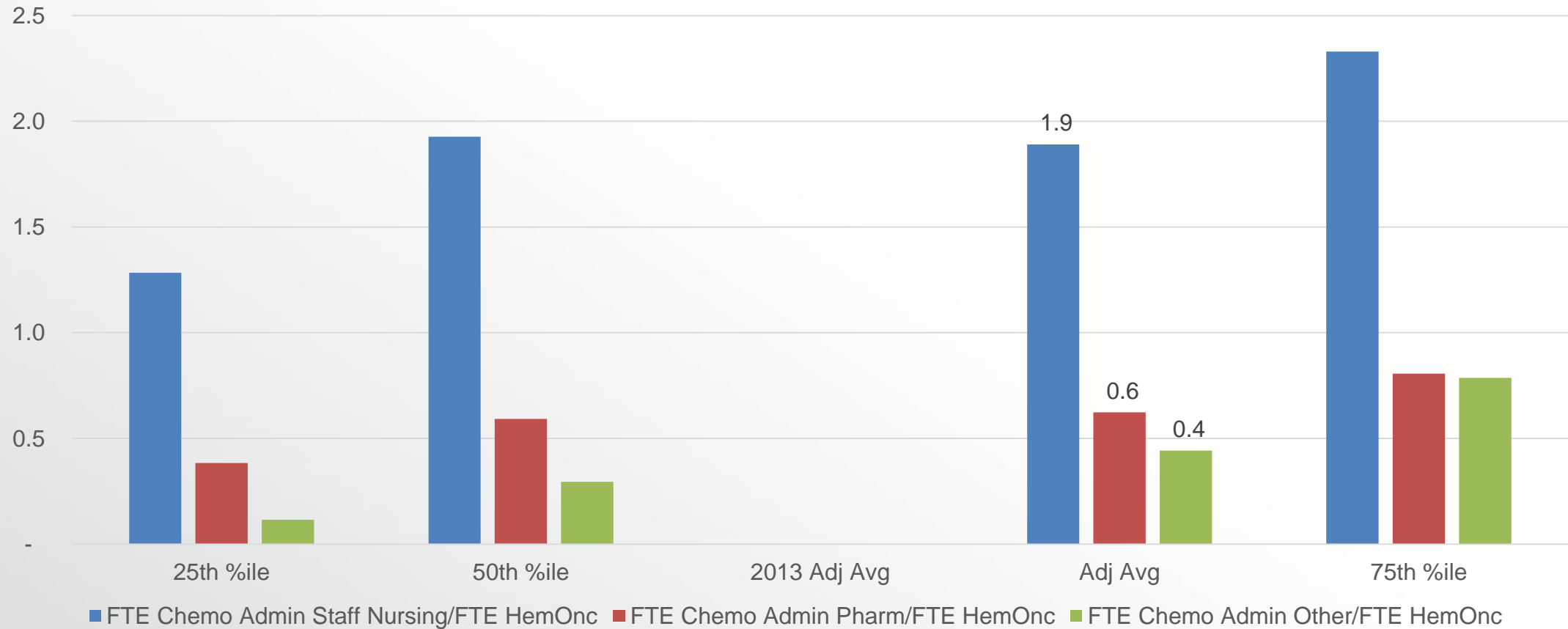
Billing & Patient financial advocate



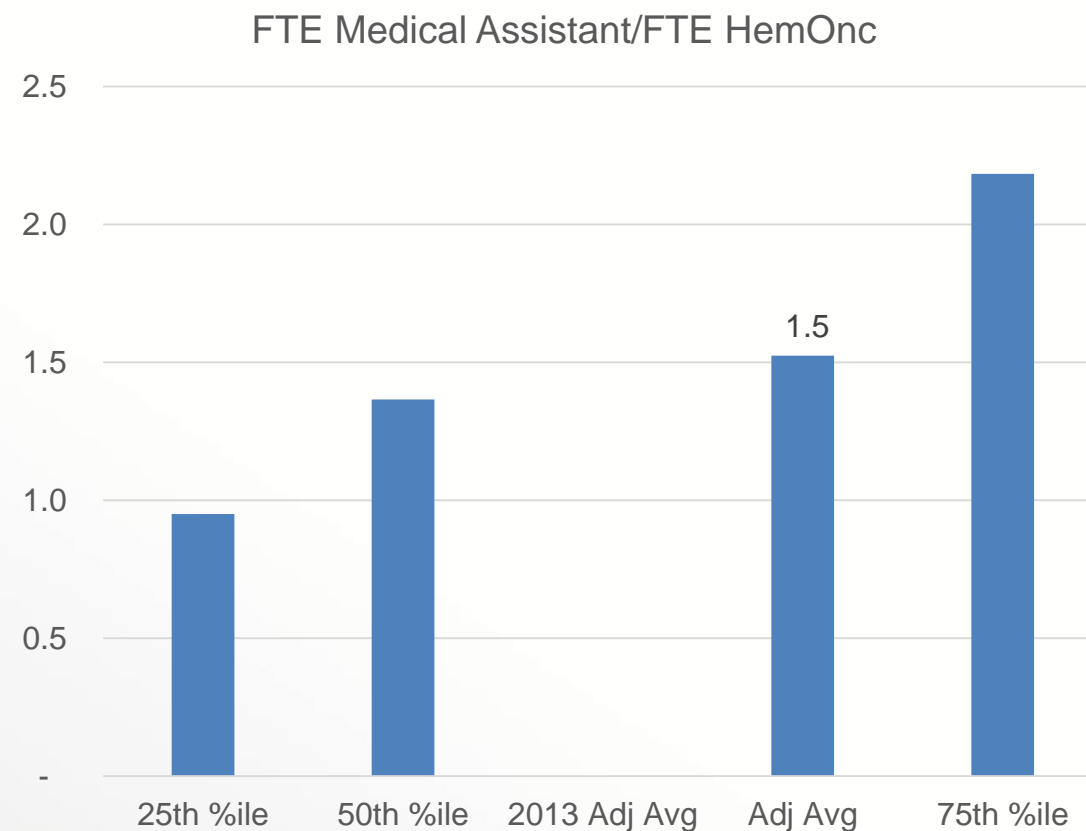
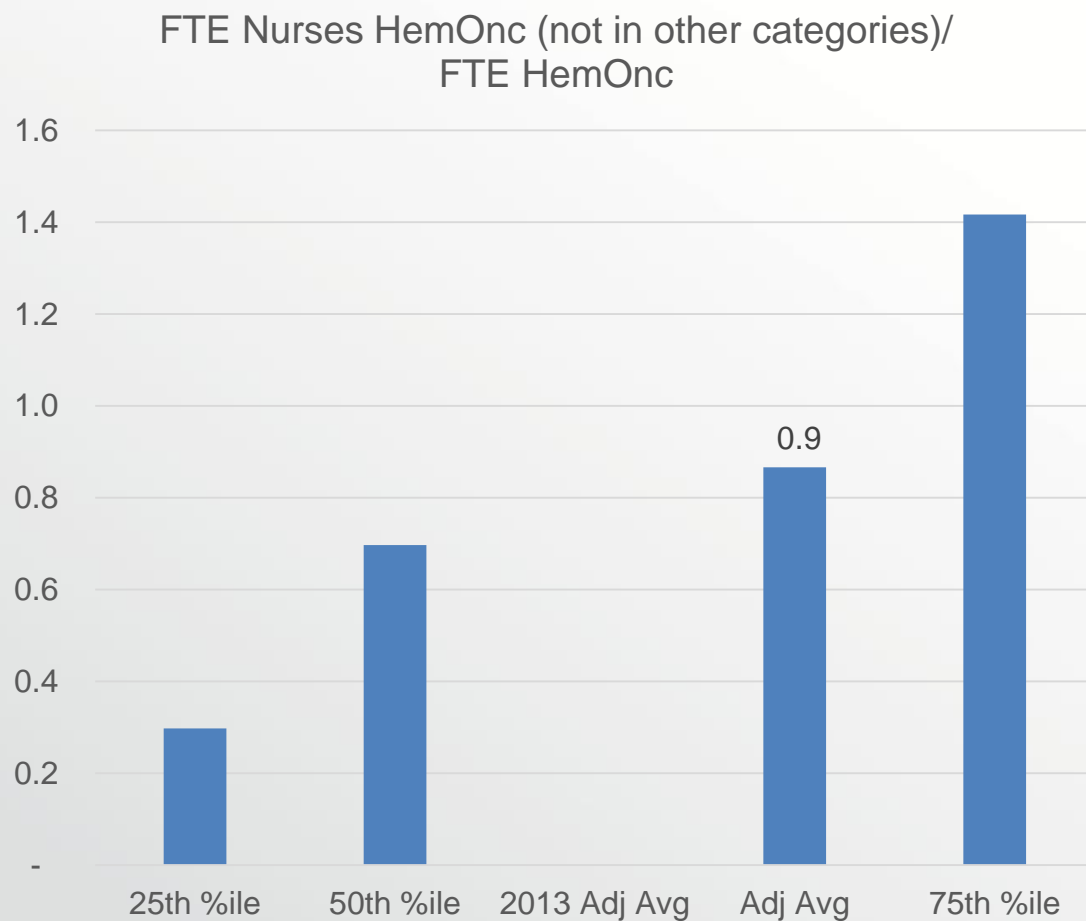
Chemotherapy administration staff



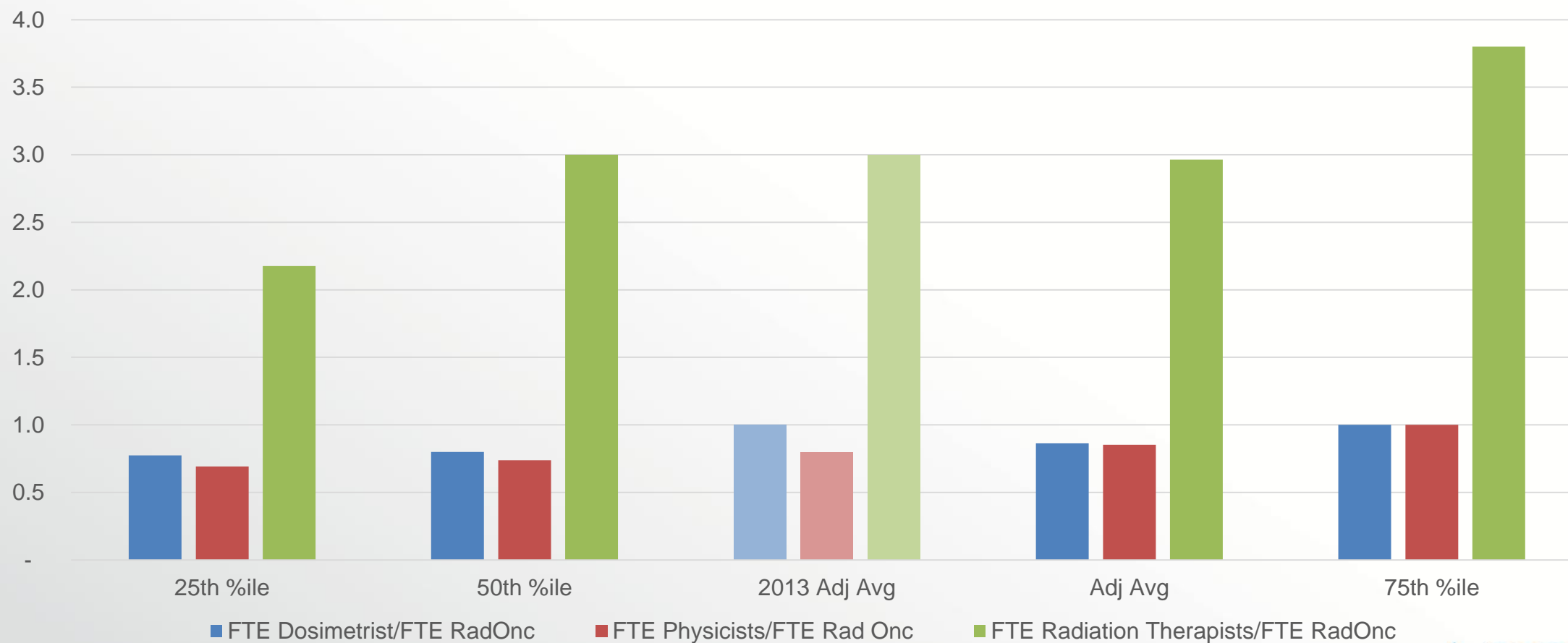
Chemotherapy administration staff (2)



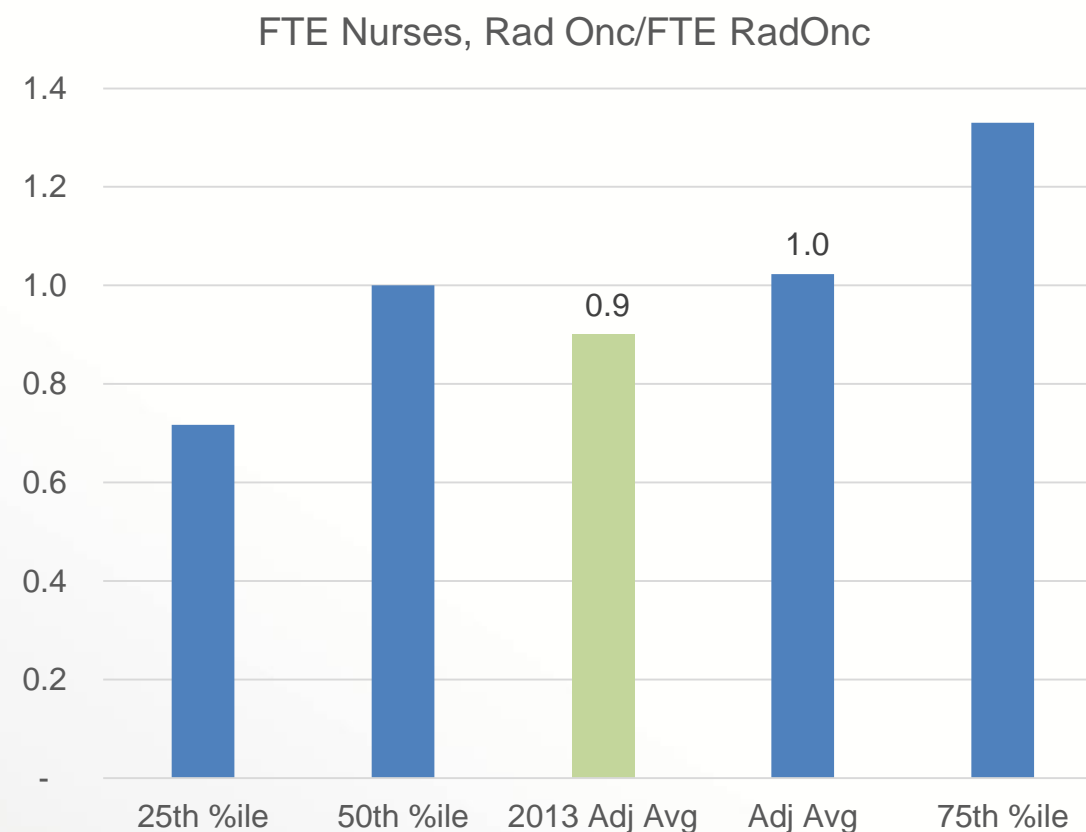
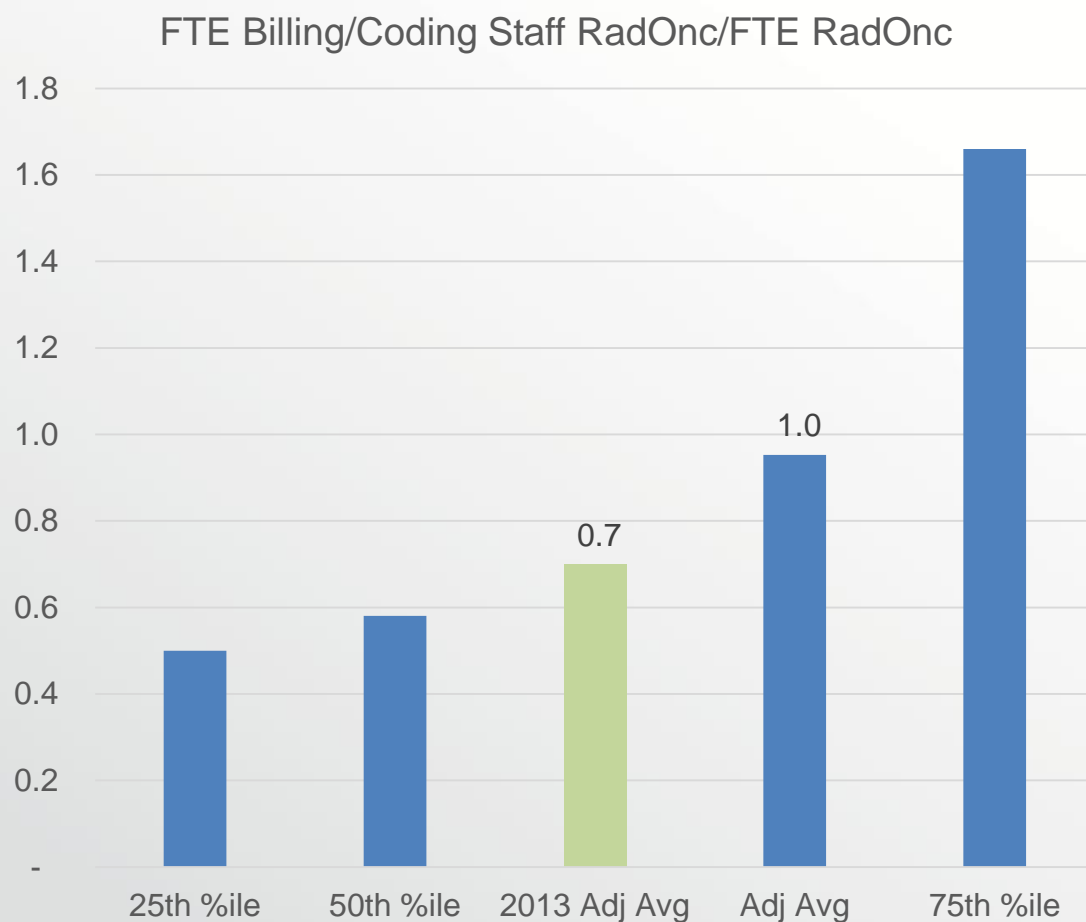
Nurse, medical assistants



Radiation Oncology staffing



Radiation Oncology staffing (2)



Staff best practices: Patient care systems

- Establish and monitor business processes to ensure effective and efficient clinical operations
- Design efficient patient flow patterns to maximize provider schedules and optimization of schedule templates to meet productivity targets
- Manage front office operations to maximize patient satisfaction, collection of payments and customer service

Huddles

- What can we proactively anticipate and plan for in our work day/week?
- Beginning of day: review of the day, review coming week and next week
- Mid day review/end of day review
- Frequency of daily review dependent on situation
- Keep huddle focused and short – no one sits
- Identify seasonal variation which should result in variable schedules
- Flexible multi-skilled staff add flexibility to resources as needed

Operations: tips for success

- Delegate all duties that don't require a physician's license
- Move telephone away from the front desk
- Use patient reminder software
- Set an “on time” performance standard – then beat it
- Post standard instructions on your web site
- Revamp patient registration – web and EMR and introduce it on the phone scheduling the appointment
- Anticipate needs before visit and schedule accordingly
- Communicate, communicate, communicate

Staff success & failure

■ WHY PEOPLE SUCCEED

- Sense of humor
- Persistence
- Good balance
- Energetic
- Goal oriented
- Outside interests
- Expanding knowledge
- Empathic
- Respectful
- Forgive mistakes
- High interest in work
- Healthy self-image
- Positive attitude

■ WHY PEOPLE FAIL

- Self preoccupation
- Can't handle responsibility
- Lack of empathy
- Closed mind
- Can't persuade others
- Naïve towards business
- Unimaginative
- Inflexible
- Can't perceive total picture
- Resent authority
- Laziness
- Critical and blaming

Poor performance

- Underperforming or problem employees
 - Clear communication as to expectations
 - Document problems and conversations
 - Completely honest in evaluations and discussions with employee
 - Explain practice standards and review job description
 - Are the job requirements fair?
 - Set time limit for improvement
 - Be clear: warning; termination being considered

Invest in your staff

- Better employee skills
- Good for the practice
- Good for staff morale
- Certified staff and required CE (AAMA)
 - Budget \$50 - \$500/year/employee
- Go on-line
- Include in their performance plan
- Require a briefing back to staff as in-service
- Recognize and reward accomplishments

Why Benchmark?

- To improve productivity and performance
 - Discover potential work flow and/or staffing efficiencies
- Lower the cost of operations
 - Better inventory control
 - Improve patient scheduling
 - Streamline work flow from clinic to billing office
- To provide more time for clinicians to spend on patient care

ASCO[®] Practice Consulting Services & Support

Readiness Assessment

- On-site assessment; readiness for Quality Payment Program, oncology medical home, other alternative payment models

Practice Operational Assessment

- Comprehensive on-site practice review; focus on process efficiency, staffing efficiency, patient-centeredness, facility issues, financial management

Practice Transformation Support

- Ad hoc consulting services, meet practice needs in the transformation from volume- to value-based care

Triage Pathways Readiness

- Help practices prepare for effective implementation of triage pathways, important clinical decision support tool for value-based care

Recent projects

- Health system with owned/contracted oncology practices
 - Readiness/Operational Assessment in 7 sites; recommendations around both value-based care and operational and staffing issues
 - Continuing work with group as they consider implementation of triage pathways
- Hospital-based cancer program, “boots on the ground” process review
 - Focus on workflow, patient flow, physician scheduling, infusion suite, effective use of staff including APPs, Oncology Care Model workflow improvements
- Physician-owned independent practice, approached by hospital for acquisition
 - Practice values autonomy, “doing quite well”
 - Identify goals of both practice leadership/owners and hospital; provide options that meet goals for both parties

Practice Engagement Program

- A concierge service that provides practices a single point of contact to help them identify and connect with ASCO tools, programs and resources that can best support their needs
 - ASCO Quality programs
 - ASCO University
 - Membership (oncology administrators, APPs)
 - PracticeNET
 - ASCO Consulting Services & Support

Practice Engagement Team

- Chris LoBiondo
 - Associate Director, Practice Engagement
 - Chris.lobiondo@asco.org
- Anne Chapman, MPH
 - Relationship Manager, Practice Engagement
 - Anne.chapman@asco.org



Practice Support ▾

Billing, Coding, Reporting ▾

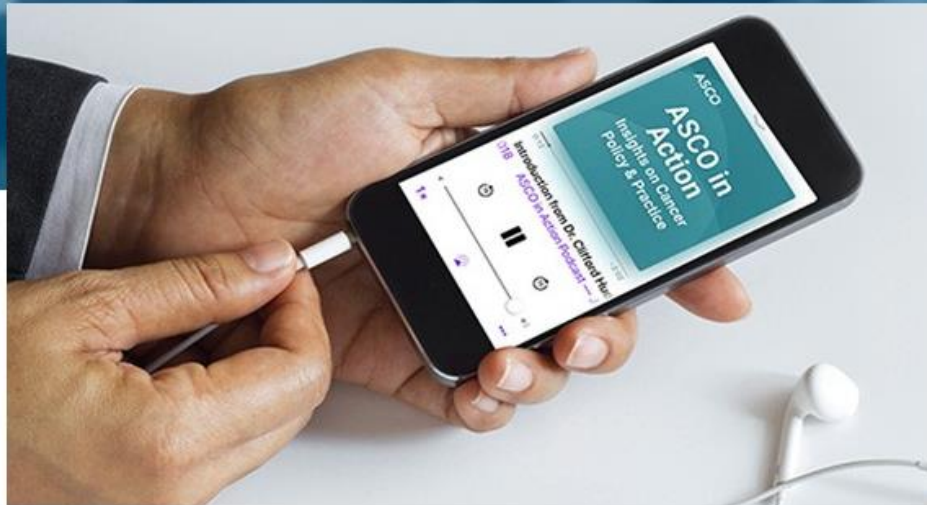
Quality Improvement ▾

ASCO Services ▾

PRACTICE CENTRAL

Information, tools and resources to help practices provide efficient, high-quality patient care

<https://practice.asco.org>



QOPI Round 1: Register by the June 1 Deadline

Achieve Your Practice Operation Goals



Join Our Growing

Thank you for caring for people with cancer



Elaine L. Towle, CMPE
Division Director, Clinical Affairs
Elaine.towle@asco.org
603.496.7215